

SUPPLEMENT SHEET

Kind _____ Variety _____ Applicant Name _____

CONTRACT GROWER	COUNTY	INCLUDE AREA IN ROWS SKIPPED		DATE PLANTED	SOURCE OF SEED CLASS & LOT #	FIELD LOT NUMBER	PREVIOUS CROP	AMT/SEED PLANTED PER ACRE	**COTTON PLANTING PATTERN
		*Type	Acres						

This supplement sheet and any questions concerning field inspections should be directed to the Texas Department of Agriculture, Seed Quality Office, P. O. Box 629, Giddings, Texas 78942 (979) 542-3691.

Distribution: Original and one copy to Giddings Office

*Type B = Breeder seed F = Foundation seed R = Registered seed C = Certified seed S = Select Germplasm I = Source Identified Germplasm	** Cotton Planting Pattern S = Solid; 2/1 = 2 in x 1 out 2/2 = 2 in x 2 out O = Other
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